A University Response to AIDS

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Comme ma communication se fera en anglais, permettez-moi, tout d'abord, de vous offrir un bref résumé en français des thèmes les plus importants de ma présentation.

Je suis président du Comité consultatif sur le VIH et le SIDA à l'Université Concordia. Depuis maintenant quatre ans, Concordia, une université urbaine et très hétérogène, a une politique officielle sur le VIH et le SIDA, dont une composante majeure est un programme éducatif. Une personne-ressource ainsi qu'un comité consultatif sont aussi en place. Cette politique se veut avant-gardiste; elle est fortement axée sur la prévention de toute forme de discrimination. La politique n'a été invoquée que deux fois, à ma connaissance, depuis ces quatre dernières années.

Mon point de vue dans cette communication se veut critique. Bien que le principe d'adopter une telle politique soit excellent, et qu'il renforce la mission sociale de l'université, l'expérience de ces quatre dernières années a été plutôt mitigée. A mon avis, il y a plusieurs raisons qui expliquent cela. Certains sont liées à l'emplacement social et urbain de l'université; d'autres, à une approche pédagogique incertaine dans le cadre du programme éducatif; et enfin, encore d'autres à certaines lacunes

dans la politique elle-même.

I should like to begin by thanking all those, near and far, whose reflections were instrumental in the preparation of this paper. A special word of gratitude is owed to Stephan Dusseault who undertook, in the context of a student summer research grant this year, a systematic evaluation of Concordia's HIV/AIDS policy, and whose report forms an important basis for this presentation. My talk this morning will not be long; this is more the beginning of an attempt at critical reflection, rather than a fully-developed, formal academic paper.

1. The Background

Universities have a special responsibility in educating about pressing social issues. They also stand committed, on paper at least, to values of tolerance and non-discrimination. I say, "on paper at least", because, as we all know or may even have experienced, universities, as cultural institutions, share in a social system. They claim to create a space for tolerant discourse, but one should remember that the academy can also be a source of intolerance. Concordia University is a large, urban and heterogeneous institution. Four years ago, a formal policy, entitled "Guidelines for HIV/AIDS - Related Concerns", was adopted and endorsed at the highest administrative levels of the University. This policy was the first of its kind for a Québec university, and one of the very few then in existence in Canada. It was considered to be, and still is, a comprehensive, forward-looking policy. What was also unique about the policy was that the initiative for its elaboration came directly from the office of the highest executive officer, the Rector, thereby making it a

formal institutional priority.

Among its provisions, the policy established an HIV/AIDS Advisory Committee, which I currently chair, named an HIV/AIDS Resource Person and specified that this person should be from the University's Health Services, and it also committed the institution to "a university-wide programme of HIV/AIDS education". Funding for educational initiatives has, until now, come directly from the Rector's Office via an ad hoc arrangement, though it is expected to be integrated into the Health Services budget for 1993/94 and beyond.

At the beginning, there was a flurry of very worthwhile educational initiatives, and the commitment to informing both students and other members of the community about HIV prevention, notably staff and faculty, was taken quite seriously. I particularly recall a very effective and attractive safe sex flyer which received wide distribution. Many of these initiatives, however, met with mixed results, more because of their format and approach than anything else. More recently, educational programmes, specifically about safer sex, have become low-key and are now viewed as part of the mandate of the Health Educator, who also happens to be the designated HIV/AIDS Resource Person. Education for the University's residence population, which is very small, remains a priority.

2. The Policy

The Concordia policy is characterized by its insistence on avoiding

discriminatory behaviour: "...the University strongly condemns any form of discrimination, alarmist publicity or behaviour, or blatant moral recrimination against any individual with known or suspected HIV infection". As such, the policy is written in terms of those principles which apply to protection of the individual. It outlines principles; it does not explicate specific ways of dealing with particular situations. This is, I would argue, both a strength and a weakness.

The policy contains thirteen major components: it defines HIV/AIDS and discusses how the virus is transmitted; it talks about an education programme, the resource person and the advisory committee; it speaks of individual responsibility ("It is understood that anyone aware that they are HIV-infected will conduct themselves with due regard for the health of others."); it condemns discriminatory behaviour and mandatory testing, and reaffirms the importance of confidentiality and the right of access to University facilities; and finally, it elaborates so-called guidelines for students, student residences and employees.

To the best of my knowledge, only two situations of individuals employed by the University and who had AIDS were ever brought to the attention of the Advisory Committee for discussion and guidance. Both centred on the working capabilities of the person, from the point-of-view of managerial responsibility and the impact on fellow-workers. This does not mean, of course, that there were not, and are not, others at Concordia who are living with HIV or AIDS.

From an analysis of the policy and the manner in which it has been applied in the course of these four years, I believe it is fair to say that the experience appears to have had mixed results, both in terms of impact and continuity. I say this because of three sets of factors: 1. those related to the characteristics of the University, 2. those to do with the educational programme itself, and 3. those which stem from shortfalls in the policy.

3. Characteristics of the University

Concordia is located at the heart of a very cosmopolitan city, and its population reflects the reality of this setting. As is often the case, it is fair to assume that persons who live in such an urban environment generally tend to adopt a more sophisticated and tolerant view of things, notably things sexual. This is not meant to be an absolute principle; merely a sociological observation about urban living. It is also to be expected that city-dwellers, because of the volume and variety of available media information, would generally be more informed about certain issues. Not necessarily better informed; but certainly possessing greater access to a wider gamut of information sources, and therefore necessarily more selective in their approach to these sources.

In other words, Concordia is not a small, residential university in a rural setting. Its population has an urban profile, and any education programme about HIV or AIDS must take this into account. Educational programmes must also contend with the typically urban phenomenon of information overload.

Concordia's student population is also different in other ways: it is on average older, and it has a heavier concentration of persons from cultural communities. The values and concerns of both types of students would, one could assume, be different (perhaps significantly so, perhaps not) from an average group of younger, less ethnically diverse students.

4. Educational Programme and Principles

Given these realities, the major drawback of what could be termed a rather modest HIV/AIDS educational prevention programme, has been the elaboration of activities in the absence of any serious and systematic needs analysis or effective programme design framework. The goal was and remains -- and this is still a valid approach -- to give out the most basic information to the widest number of people. We all know, of course, that repetition is a necessary part of any effort at serious AIDS education. But I would argue that by being more selective, creative and contextual in our approach, we could also be more lasting in our impact. I sometimes think that by overloading people with a great mass of general and non-specific information, we also turn them off. And that is indeed a great loss.

Concordia's HIV/AIDS educational programmes have not really considered a number of factors: the age and cultural diversity of the university population as well as its relative degree of sophistication, the fact that individuals undoubtedly already have a base of information about how HIV is transmitted, and the need for additional information to be specific, contextual

and relevant to the individual. A city like Montréal also has a great wealth of HIV/AIDS resources. But rather than "plug into" these resources, we have sought to duplicate them, at least so far as prevention education is concerned. This is a fundamental dilemma about many services which urban universities provide, particularly for students: do we duplicate community resources and services, or is our job rather to help students obtain better-quality access to these same resources and services, and to educate them about how best to do this? Do we empower or do we simply content ourselves with spoon-feeding information?

5. Policy Shortfalls

While the Concordia policy is clearly required and contains many important principles which need to be stated, the two occasions when it has had to be invoked as a guiding document have also been the times when one of its most obvious shortfalls has surfaced. That is, the policy remains at the level of generalities when it comes to dealing with the specifics of someone with AIDS and the impact of this on the workplace. There are no comprehensive guidelines to be followed, and, therefore, arrangements tend to be ad hoc ones.

I believe we acted with compassion and care in both instances. But beyond this, one must ask the question: Is it better to have a policy with some broad principles, and thereby allow the situation to dictate the specifics of the response; or should one have a detailed policy which somehow indicates an appropriate course of action applicable in most every instance? The

interrogation merits considered attention. Another way of phrasing the issue is in terms of individual rights and responsibilities (such as the right to freedom from discrimination) and the rights and responsibilities of the community. As we all know, this remains a sensitive issue, but a real one none the less.

Let me now say a word about the policy and the gay and lesbian experience at the University. Nowhere in the policy are the words "gay" or "lesbian" mentioned. In itself, this is not a bad thing; the policy is written so as to be inclusive, and therefore not single out particular groups of individuals. It clearly recognizes, as some ad campaigns put it, that HIV and AIDS are everyone's concern.

But absence can also mean non-recognition, and actions often speak louder than words. AIDS remains, for better or for worse, the central reality of the contemporary gay and lesbian experience. Last year, an incident happened at the University which was much more revealing of how far AIDS education is allowed to go, than of many other good things which the University has done or is still doing on this issue.

You may remember it as the page 165 controversy. In the fall of 1991, the undergraduate students' association at the University published its annual student handbook. In the section on lesbian and gay resources, on page 165 to be precise, there was a one-page article entitled "Just Do It", which was a graphic description of two men having safe sex together. We are all aware of the pedagogical necessity of presenting safer sex options in a direct manner,

and this is how the students defended their decision to publish the text.

Needless to say, page 165 created quite a controversy, not so much within the University as outside it, and most notably with certain external community members of the University's Board of Governors. The Board, at its meeting of October 1991, and despite eloquent requests by the University's top administrators that it not do so, passed the following motion: "That the Board of Governors dissociate itself from this particular action taken by the student editors of the CUSA Handbook and Agenda and indicate that the views expressed therein have been found to be offensive to a number of people in the University community, and hence do not represent those of Concordia University in its entirety". The HIV/AIDS Advisory Committee did not take a stand on the issue, primarily, as I recall, so as not to exacerbate an already difficult situation.

6. Conclusion

I want to ask three questions which this particular incident brings to the fore. First, we often pride ourselves on universities being tolerant, open institutions. What exactly does this mean, and how far are openness and tolerance allowed to be made real on controversial, sensitive topics? Second, there is an obvious break, in this instance, between what the University says and what it does. Where does authority for policy rest in the University, and how is it to be exercised? Third, it is most unsettling that an institution with such a progressive policy on HIV and AIDS should not also see the proven merits of a direct approach to safer sex education. I therefore ask: how

enlightened can universities really be, when their corporate structures, in fact, appear at times to impede the institution's proper role as social critic? These are, I would submit, public policy issues which transcend the particular academic environment, and which are relevant to a variety of other contexts.

By way of an attempt at providing a conclusion and also perhaps of launching a debate, I would like briefly to pick up on a theme which was referred to in some of the sessions which I attended at this conference. That theme is power. Not power in the sense of what is needed to affect change, but power as the ability of the power-holder to define and condition the parameters of our experience. The page 165 episode is a case-in-point. I therefore ask a further question: what is to be done? -- to quote a now-discredited political thinker and activist. And not only what is to be done, but more importantly, how do we not let the power-holder do it to us?

I look forward to our discussion. Merci.